

**EPA**  
**HAZARDOUS WASTE PERMIT APPLICATION**  
Consolidated Permits Program  
(This information is required under Section 3005 of RCRA.)

**I. EPA I.D. NUMBER**  
F I L D 6 9 4 9 6 2 4 8 3 1

**II. FIRST OR REVISED APPLICATION**  
OFFICIAL USE ONLY  
APPROVED: SN: DATE RECEIVED (yr., mo., & day)  
23 24 25 26 27 28 29

COMMENTS

EPA Region 5 Records Ctr.



311122

**II. FIRST OR REVISED APPLICATION**

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

**A. FIRST APPLICATION** (place an "X" below and provide the appropriate date)

☒ **1. EXISTING FACILITY** (See instructions for definition of "existing" facility. Complete item below.)

YR. MO. DAY  
8 5 1 0 8 2 3  
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

☐ **2. NEW FACILITY** (Complete item below.)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN  
YR. MO. DAY  
73 74 75 76 77 78

**B. REVISED APPLICATION** (place an "X" below and complete Item I above)

☐ **1. FACILITY HAS INTERIM STATUS**

☐ **2. FACILITY HAS A RCRA PERMIT**

**III. PROCESSES - CODES AND DESIGN CAPACITIES**

**A. PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

**B. PROCESS DESIGN CAPACITY** - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Storage:</b>		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Disposal:</b>		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

**Treatment:**

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR

OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**EXAMPLE FOR COMPLETING ITEM III** (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEAS- URE (enter code)				1. AMOUNT	2. UNIT OF MEAS- URE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 2	500,000 gallons	G		7				
2	T 0 4	none at present	-		8				
3					9				
4					10				

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INDICATE DESIGN CAPACITY.

*We are currently seeking information on a biological treatment plant so that we could dispose of some material on site. In the meantime we are using other disposal sites and not storing waste materials*

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

**ENGLISH UNIT OF MEASURE**                      **CODE**  
 POUNDS . . . . . P  
 TONS . . . . . T

**METRIC UNIT OF MEASURE**                      **CODE**  
 KILOGRAMS . . . . . K  
 METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

S								T/A	C
F	I	L	D	6	9	4	9	6	2
1	2							13	14

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (*aerial or ground-level*) that clearly delineate all existing structures; existing storage treatment and disposal areas; and sites of future storage, treatment or disposal areas (*see instructions for more detail*). *Golda* *Feb*

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)						LONGITUDE (degrees, minutes, & seconds)					
63	66	67	68	69	71	72	-	74	75	76	77 - 79


## VIII. FACILITY OWNER

- ☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.
- ☐ B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER															2. PHONE NO. (area code & no.)															
C																														
E																														
15	16															55	56	-	58	59	-	61	62	-	65					
3. STREET OR P.O. BOX										4. CITY OR TOWN										5. ST.		6. ZIP CODE								
C											C																			
F											G																			
15	16	-	48	49	50	51	52	53	54	40	41	42	-	47	48	-	51													


## IX. OWNER CERTIFICATION

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

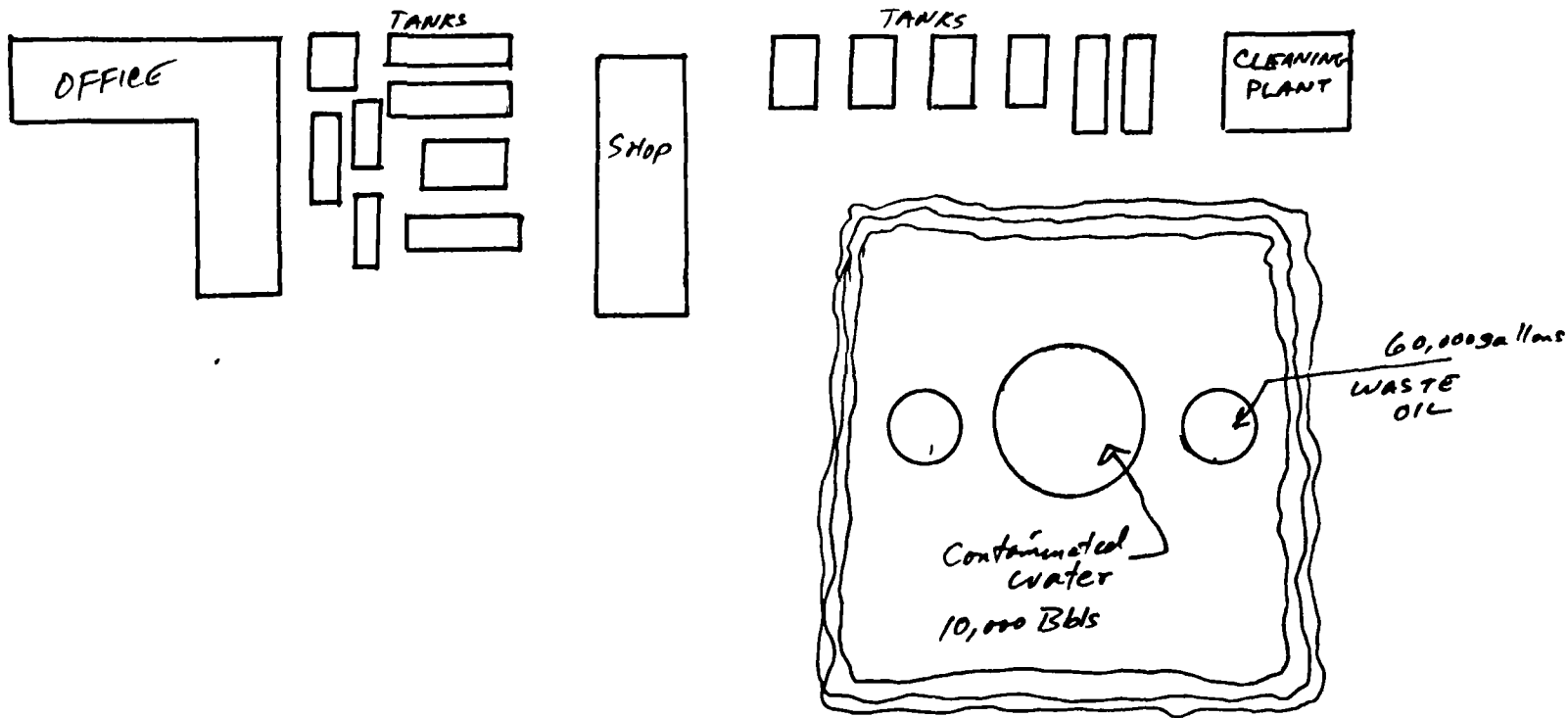
<b>A. NAME (print or type)</b> David E. Updegraff	<b>B. SIGNATURE</b> 	<b>C. DATE SIGNED</b> 11-17-80
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## X. OPERATOR CERTIFICATION

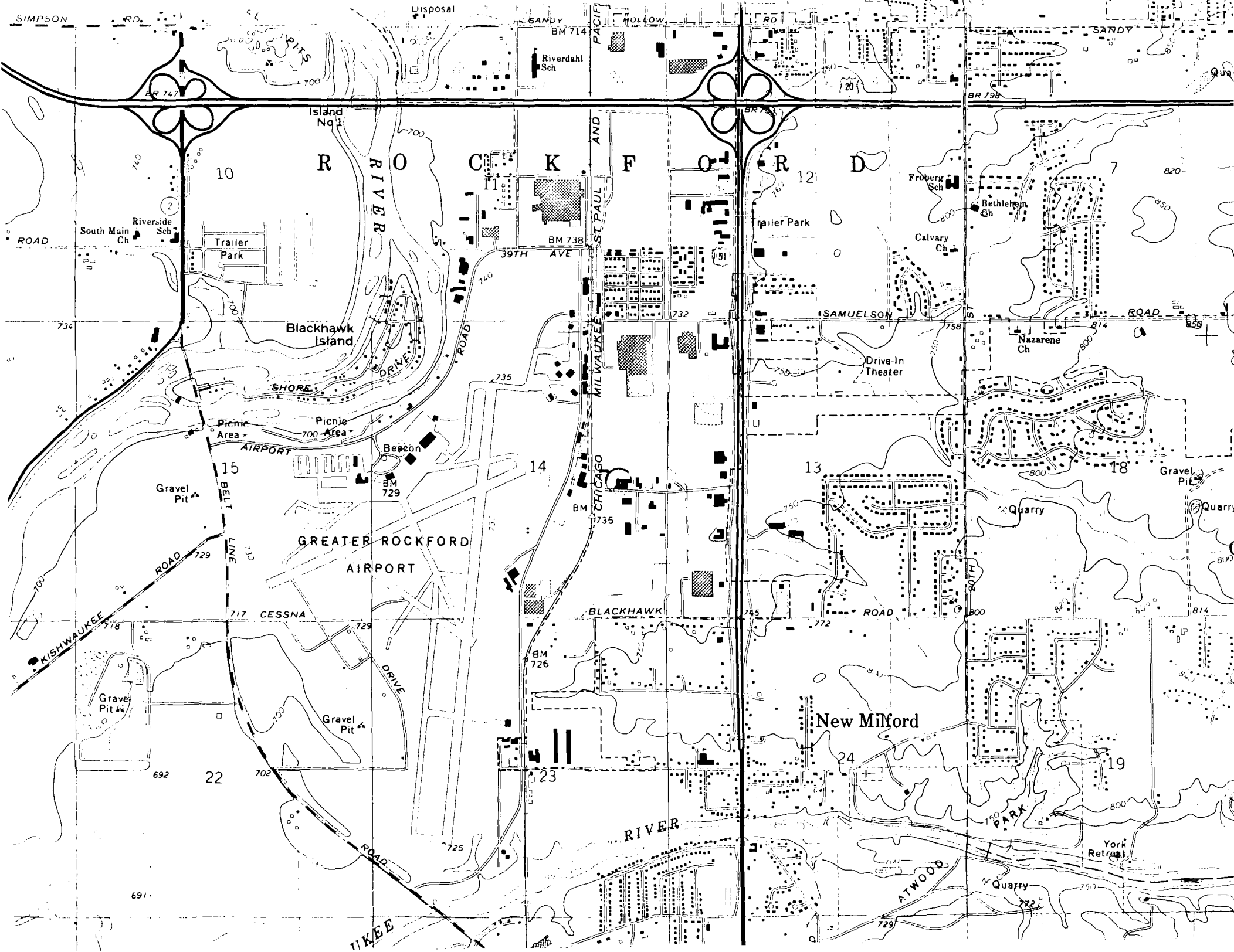
*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.*

<p>A. NAME (print or type)</p> <p>David E. Updegraff</p>	<p>B. SIGNATURE</p> 	<p>C. DATE SIGNED</p> <p>11-17-80</p>
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CHICAGO SANITARY SHIP CANAL



138





Please print or type.

(Form designed for use on elite (12-pitch) typewriter.)

EPA Form 8700-22 (3-84)

Form Approved OMB No. 2000-0404 Expires 7-31-86

**UNIFORM HAZARDOUS WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law, but is required by Illinois law.

3. Generator's Name and Mailing Address  
Hannah Marine Corporation  
361 Frontage Rd., Ste 101  
Burr Ridge, IL 60521

A. Illinois Manifest Document Number

IL 1196381

4. Generator's Phone ( 312 ) 257-5458

B. Illinois Generator's ID  
0 4 3 8 0 2 0 0 0 45. Transporter 1 Company Name  
Reliable Liquid Control Corp.

6. US EPA ID Number

C. Illinois Transporter's ID  
0 0 1 3

D. (312) 598-0450 Transporter's Phone

7. Transporter 2 Company Name

8. US EPA ID Number

E. Illinois Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address  
Chem Clear  
11800 S. Stony Island Ave.  
Chicago, IL 60617

10. US EPA ID Number

G. Illinois Facility's ID  
0 3 1 6 0 0 0 0 5 1H. Facility's Phone  
812 646-6202

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit

15. Waste No.

a. ~~HAZARDOUS~~  
NON-HAZARDOUS  
CAUSTIC WASH WATER

No.

Type

Quantity

Unit

Waste No.

1

TT

5500

1

99-6032

EPA HW Number

Authorization Number

EPA HW Number

Authorization Number

EPA HW Number

Authorization Number

EPA HW Number

Authorization Number

EPA HW Number

Authorization Number

EPA HW Number

Authorization Number

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations, and Illinois regulations.

Printed/Typed Name

Signature

Date

Month Day Year

PAUL J. EAKER

Paul J. Eaker

10/10/84

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

JOHN ENRIGHT

John Enright

10/10/84

18. Transporter 2 Acknowledgement or Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator. Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Date

Month Day Year



217/782-6762

DECEMBER 05, 1984  
APPLICATION RECEIVED: 11/01/84  
PERMIT NUMBER 996032-0316000051  
PERMIT ISSUED TO:

WASTE STREAM NUMBER 996032  
PERMIT EXPIRES: 12/22/89

CHEM-CLEAR INC  
11800 S STONY ISLAND AVE  
CHICAGO, IL  
60617

CHEM-CLEAR INC - SUITE 915  
992 OLD EAGLE SCHOOL ROAD  
WAYNE, PA  
19087

WASTE NAME: CAUSTIC WASH WATER  
WASTE CLASSIFICATION: NON-HAZARDOUS NOT SUBJECT TO FEE

PERMIT TO RECEIVE THE INDICATED WASTE IS GRANTED.

THIS PERMIT IS GRANTED SUBJECT TO THE ATTACHED STANDARD CONDITIONS.

DISPOSAL SITE: CHEM-CLEAR INC ITPA SITE NO.: 0316000051

DISPOSITION OF WASTE:

WASTE TREATMENT

ATTENTION: WASTE DATA  
WASTE GENERATOR: HANNAH MARINE CORP  
361 FRONTAGE RD-SUITE 101  
BURN RIDGE, IL  
60521

ITPA GENERATOR NO.: 005020004  
HANNAH MARINE CORP-SHIPYARD DR  
KIDDERY RD AT BURNER AVE  
LEWIS, IL  
60439

DATE: MCL

CC: HANNAH MARINE CORP  
REGION: 0

for LAWRENCE W. EASTEP, P.E.  
by Eugene P. Shick  
MANAGER, PERMIT SECTION  
DIVISION OF LAND POLLUTION CONTROL